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M. R. 25th  
Hepatitis

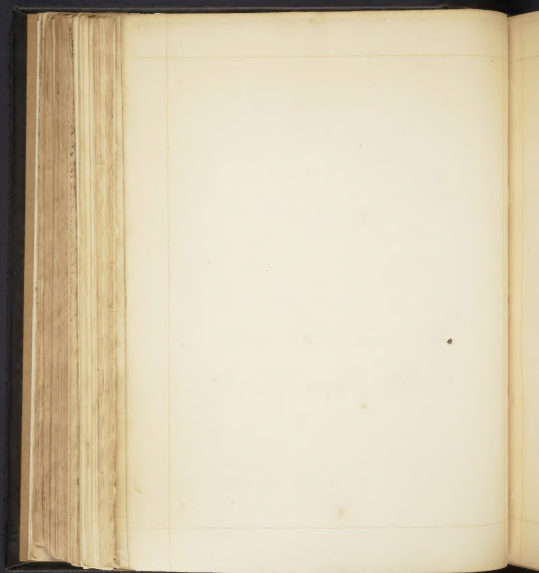
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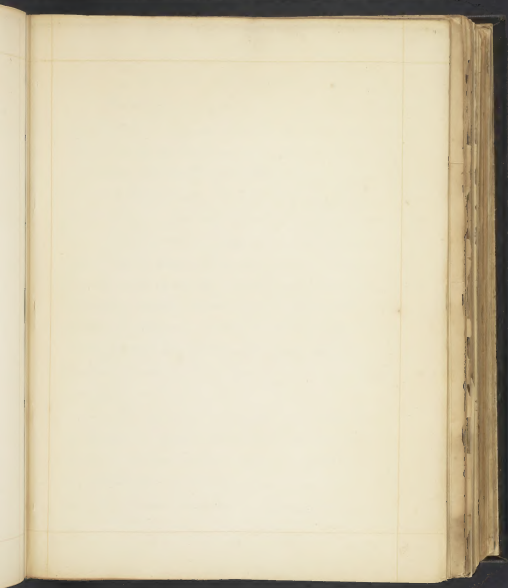
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admitted March 6th 1820-





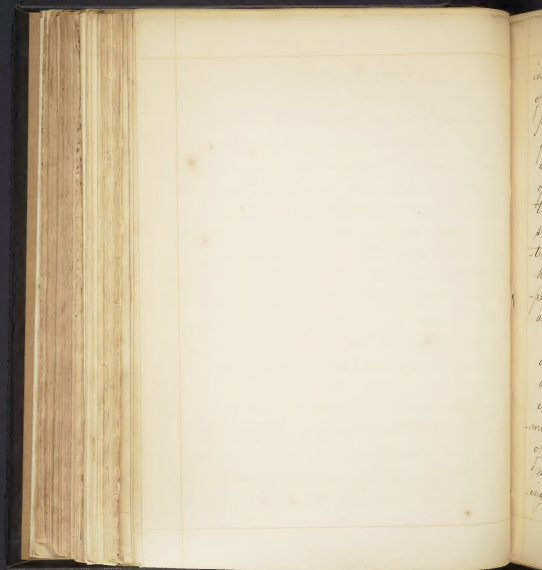


## On Hepatitis.

Hepatitis is known by pyrexia, pain in the right side, sometimes very acute as in Pleurisy, at other times dull, pain in the clavicle & right shoulder, difficult respiration, uneasiness in laying on the left side, dry cough, vomiting, and frequently a considerable degree of jaundice.

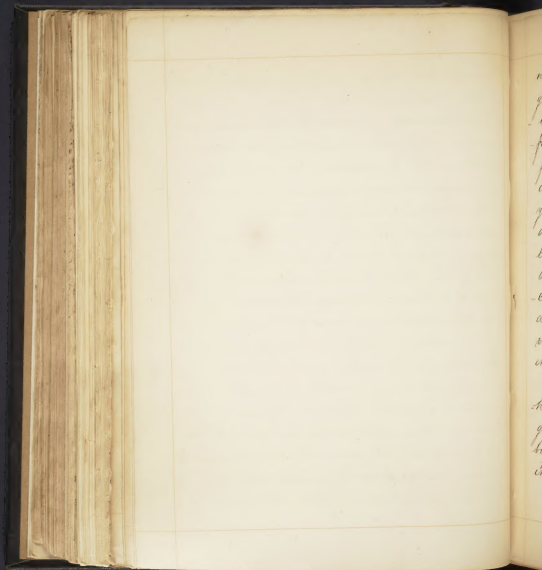
This disease is divided into two kinds, by the Acute and Chronic - The former is attended with all the marks, indicating genuine inflammation, while the latter often exists without shewing such violently inflammatory symptoms, and often, for some length of time, without being much complained of by the patient.

The causes of hepatitis, are generally similar to those which give rise to other cases of inflammation, such as cold externally or internally applied, violent exercise, violent summer heats, hence one source of its frequency



in warm climates; external violence and especially of that kind producing injuries of the brain, protracted cases of intermittent and remittent fevers, suppression of customary evacuations, intense study, intemperance in the use of food of vinous or of spirituous liquors, & particularly the latter, and solid concretions in the substance of the liver. A depraved condition of the stomach is said to give rise to hepatitis; It is probable however, that dyspepsia oftener exists as the consequence than as the cause, of diseases of the liver.

Acute hepatitis may be known by a pain in the right hypochondrium more or less acute, augmented by pressure, and extending to the clavicle and shoulder commonly of the right side, but sometimes of the left attended with chilliness, cough mostly dry; difficulty of respiration & of laying on the left side, often attended with





nausea and vomiting of bilious matter; bowels generally constipated, and stools of a clay colour, urine small in quantity and of a saffron colour; loss of appetite, thirst and a full, frequent & hard pulse; skin hot and dry, & the tongue covered with a white or yellowish bloured fur. Sometimes in a few days the skin & eyes become tinged of a yellowish hue, which probably only takes place where the biliary ducts are obstructed by calculous concretions, inspissated bile or spasms, and the bile which is secreted, is thereby prevented from passing through them into the intestines.

Blood drawn in this complaint, exhibits a thick buff coat approaching to a greenish hue. I think I have seen a thicker buff coat on blood drawn in this disease than in any other I have witnessed.

All the symptoms mentioned above as



indicating hepatitis, do not occur in every instance, nor with the same degree of violence. The fever in some cases is violent, in others mild. In some the pain in the shoulder & side is distressing, in others it is scarcely perceptible. In one case I knew the pain to be excruciating in the shoulder, when in the side there was little or none existing. On examination, the hypochondriac region was found somewhat swollen, & pain was excited by pressure. In one acute case of considerable violence, which succeeded chronic hepatitis, there was but little augmentation of pain in the side, and a total absence of it in the shoulder & the neck.

When the pain is dull, the dullness is chymalous portion of the liver is softened & is affected, & not so acute the surface is the seat of inflammation, which is with



extends to the diaphragm & nerves, producing  
cough.

Pleuritis may be distinguished from  
tuberculosis, by the sympathetic pain in the  
shoulder by the sallow or jaundiced ap-  
pearance of the countenance by the pain  
being increased on expiration, which does not  
take place in tuberculosis, & by there being  
less cough & difficulty of respiration.

From Gastritis by the same feeling in the  
shoulder & its insatiation of strength a fuller  
pulse & less instability of stomach, from  
spasm of the gall ducts, by the patient  
generally feeling no nausea, constant pain  
a lasting easiest in a straight position:  
Whereas in spasm of the ducts the most ease  
is obtained in a bent posture. - of some  
a man who was sometimes afflicted with  
very painful spasms of the gall ducts,  
his only relief was no position except with



his body bent over the back: & again, sitting  
his whole weight on his right side.

The terminations of hepatitis differ in  
no respect from those of other inflammations,  
there may be an abscess, suppuration, can-  
cer or scirrhus. Terminations in cancer  
are said to be rare, & that c. scirrhus, from  
no chronic obstructions, more common. In  
warm climates the tendency to suppuration  
is greater than in more temperate regions  
it sometimes occurs in the latter. There is  
no definite voice however as to what ter-  
mination will take place, as it is more  
influenced by the remedies, climate & degree  
of inflammation. This disease is sometimes  
carried off by hemorrhage from the nose or  
hemorrhoidal tumors, by hectic sweating,  
virulent diarrhoea & by a hectic debility  
of sediment in the urine, excruciating in-  
flammation appearing in some external part





is said to have arrested it.

14 gradual abatement of the fever, resolution of the abscess, and becoming to the normal natural condition of the patient. A constant and considerable suppuration. In these patients the hyperæsthesia of the skin, with its morbid sensitiveness and recurrent rigors, during the absorption of the suppuration, is a condition of pain, sensitiveness, the skin breaks down with the eruption, flusters of the face, and such are other better symptoms, which as it being actually taking place. Flushing, cold extremities, cold evening, events, and sinking are indications of gangrene. When suppuration has actually taken place the contents of the abscess may be discharged or returned to the neighboring parts, either externally to the stomach inducing purulent eruptions by vomiting & stool, or into the cavity of the



therapy, & induce violent expectoration. When  
it discharges into the cavity of the abdomen  
it moves fatal.

Venesection is important to the re-  
lief of the inflammation, is of primary im-  
portance in Acute hepatitis. The quantity  
drawn should be regulated by the pain,  
pulse & degree of fever & excretion as often  
as the symptoms may require. In one  
case I knew ten pounds of blood to be drawn  
in twelve days; in every day of the disease  
except the fifth & sixth, at which days  
the patient was not visited venesection was  
demanded by the symptoms. The pulse here  
was the unvariable standard, regulating the  
practice as there was but little pain, & the  
heat of the skin was not great. The  
quantity from twelve to sixteen or eighteen  
ounces the pulse would be reduced, but on  
each succeeding day the demand on vene-



-section. Abhorso is urgent as before. Under  
this relative depletion, the patient retains  
considerable strength, which I think tends  
to prove that we need not withhold the lan-  
-cet in advanced stages of acute inflamma-  
-tion, merely because the disease is avan-  
-ced, but that we may bleed without refer-  
-ence to its continuance, if the symptoms  
demand it. After bleeding in due quanti-  
ties cathartics must be given. Calomel and  
jallap or calomel with an infusion of senna  
are recommended. When there still  
remains some fever & pain in the right side  
after one or two bleedings, and the patient  
is still in a violent, excited, & inflamed state,  
cold enemata may be used. When the  
fever has been reduced to some extent  
the disease are is in a milder state, & is  
considered as most eligible to trust alone  
to topical bleeding; but when the patient



is of a delicate & fragile constitution,  
with a weak pulse and throb, the case will  
bear abstraction - a great amount, even four  
units for Carduus, so as have been done  
at once. I suppose to these we are  
denied sedation. A more constant  
injection cannot be employed to the same  
extent as in more robust cases.

As in the auxiliary detentive measures  
diaphoretics may be resorted to after emec-  
tion has been carried to a certain extent, if  
given before, they add to the distress of the  
patient. The antispasmodic preparations answer  
very well & if necessary the warm bath  
may also be used. Blister should be ab-  
solutely the right by no means, observing  
the same precaution with regard to their  
use as given. He observes in the administra-  
tion of diaphoretics, never to apply them, un-  
till natural action is reduced by other means.





This precaution is not observed, the doctor will  
worsen the condition & the patient will become  
irritable, & will often refuse medication  
it may seem as if this is an unnecessary in-  
-crease to increase them open by stimulating  
-ment. The antispasmodic regimen or some  
treatment is to be given, and especially  
when the relief symptoms are severe; the bow-  
-els are to be kept open throughout the complaint  
& the warm bath & emollients may be used.

It is advised to postpone the use of mer-  
-cury until the febrile symptoms have been  
reduced to direct depletion; this is probably  
the most correct practice, but I have seen a  
few severe cases where the mercury was given  
from the commencement to the disease,  
without waiting for the reduction of the  
pulse & other febrile symptoms, - salivation  
was produced and the patients recovered with-  
out sustaining any manifest injury from this



plan of treatment. It was the plan of the late Dr Wistar to give Calomel in the first stages of this disease with a view to obtaining its salivary effects without regard to the state of the arterial system, at the same <sup>time</sup> making use of venesection moral & physical, blistering &c. He alleged that introducing the mercury into the system under these circumstances that the salivary effects of the medicine would be obtained as soon as inflammatory action was reduced or in other words the system brought down to the point of salivation, and that the time was saved which must have necessarily elapsed between the reduction of febrile action & the production of salivation under the opposite mode of treatment. Dr Rush opposes this doctrine saying, it was like fighting one hand against the other that it was stimulating one depletion at the same time. The



opinion of Dr. Chapman drawn from his ex-  
perience is, that in ordinary cases of not  
much violence mercury may be given early,  
but in cases of high inflammation active  
copious depletion should precede the use  
of mercury.

It is not thought necessary to carry the  
salivation to any great extent, except where  
there remains a degree of pain & uneasiness  
in the region of the throat: a moderate sali-  
vation should then be continued for some  
weeks. When notwithstanding all our reme-  
dies suppuration is about taking place, it is  
superfluous to relinquish the debilitating measures  
and have recourse to bark, wine and a gener-  
ous diet to promote the formation of heat-  
thy pus, & antiseptics should be applied to  
the side in order that the abscess may  
open externally.

Chronic supplication is known to a true



nausea even in the right side which is a static  
ie pain in the shoulder is a sign of static, in ac-  
tion indications, costiveness flatulency clay col-  
oured stools, sallowness of the skin and eyes, high  
coloured urine are some difficulties of breathing.  
These symptoms however are often so mild as  
not to be complained of by the patient and  
saturation has taken place, or confirmed by  
dissections, without there being any reason to  
suspect it from the urines of the patient.

The most effectual cure for chronic  
hepatitis is the judicious use of mercury,  
which however should be preceded by the  
use of the lancet if the symptoms demand  
it. The form of the disease as at others  
amongst us, is often attended with considerable  
arterial action, which renders resection  
one of our preliminary resources, in robust  
constitutions this operation may be repeated  
by use with advantage. Mercury should

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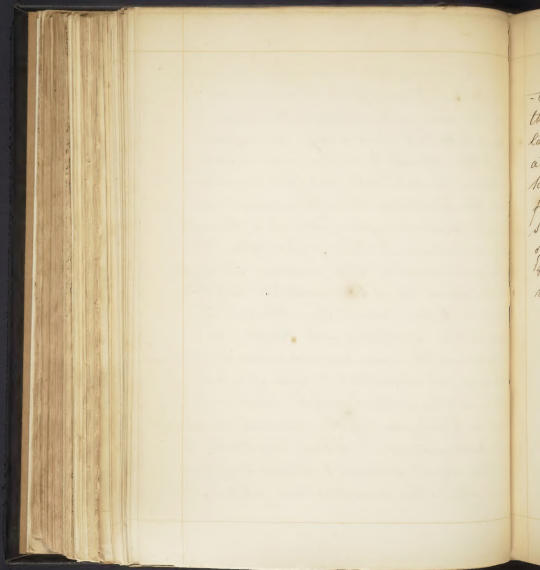


then be administered until a moderate salivation is excited which should be kept up for several weeks. The symptoms require it. If however the patient's strength should become exhausted by this continued mercurial infusion, it is advised to withdraw the use of the medicine for a time and again recommence & continue it as long as required.

As an auxiliary remedy blisters to the side are beneficial or what is still more recommended, is, the use of a seton or an issue, particularly the former. Nitric acid has been employed in this form of hepatitis, and is considered as a good substitute in those cases when the mercury cannot be given, from some peculiarity in the patient's constitution, or where there is a scorbutic taint. Would it not be a good tonic in those debilitated states of the system which so often exist after the ravages of the acute or

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chronic forms of this complaint. The expressed juice of the dandelion (*Leonurus taraxacum*) has also been given in this disease to the amount of ~~one~~ gill to half a pint a day. In one case I know the infusion to be given where bleeding, blistering & a saturation had failed to remove all the symptoms, there still remained a slight pain and degree of soreness in the right hypochondrium for three or four weeks after the employment of those remedies. A draught of the strong tea of the dandelion was directed to be taken several times through the day & the symptoms soon ceased. This article in this case was used under circumstances not calculated to give it a fair trial, as the patient might have recovered in consequence of the remedies previously administered. Setons long continued on the right side Dr Caldwell says have cured after other remedies had failed.



Those who are so unfortunate as to be afflicted with this complaint must abandon the excesses of the bowl and table, avoid late hours, & hard study, and must lead a temperate life free from excesses of every kind. Moderate exercise should be used & flannel worn next the skin. The bowels should be kept regular, without the use of medicine if possible, if not rhubarb & castile soap should be given as the best remedy for effecting this end.

